

# RELICENSURE APPLICATION

(over)

I, \_\_\_\_\_, (please print) hereby apply for licensure renewal by the State of South Dakota Board of Examiners of Psychologists. Enclosed is the \$200.00 renewal fee (check or money order payable to the SD Board of Examiners of Psychologists). I understand that the fee is not refundable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS  
CONTINUING EDUCATION REPORT FORM**

In South Dakota Law the number of CEU hours has not been specified, but you must complete SOME continuing education. If you need additional space, please make additional copies of this form.

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TITLE OR NAME OF ACTIVITY \_\_\_\_\_

LEADER, DEGREE, TITLE/POSITION \_\_\_\_\_

SPONSORING AGENCY \_\_\_\_\_

CONTENT \_\_\_\_\_

FORMAT \_\_\_\_\_ DATES \_\_\_\_\_

CONTINUING EDUCATION CATEGORY: PLANNED INSTRUCTIONAL \_\_\_\_\_ SELF-DIRECTED \_\_\_\_\_

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